

Dehydration Admission Rate

Prevention Quality Indicators #10

Technical Specifications

Area-Level Indicator

AHRQ Quality Indicators, Version 4.3, August 2011

Numerator

All discharges of age 18 years and older with ICD-9-CM principal diagnosis code for dehydration.

ICD-9-CM Dehydration diagnosis codes:

2765	HYPOVOLEMIA	27652	HYPOVOLEMIA (OCT06)
27650	VOL DEPLETION, UNSPECIFIED (OCT06)		
27651	DEHYDRATION (OCT06)		

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ICD-9-CM secondary diagnosis of dehydration and ICD-9-CM principal diagnosis of “hyperosmolality **and/or** hyponatremia”, gastroenteritis or acute renal failure

ICD-9-CM Hyperosmolality and/or hyponatremia diagnosis codes:

2760	HYPEROSMOLALITY
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ICD-9-CM Gastroenteritis diagnosis codes:

00861	INTES INFEC ROTAVIRUS	00869	ENTERITIS NOS
00862	INTES INFEC ADENOVIRUS	0088	VIRAL ENTERITIS NOS
00863	INT INF NORWALK VIRUS	0090	INFECTIOUS ENTERITIS NOS
00864	INT INF OTH SML RND VRUS	0091	ENTERITIS OF INFECT ORIG
00865	INTES INFEC CALCIVIRUS	0092	INFECTIOUS DIARRHEA NOS
00866	INTES INFEC ASTROVIRUS	0093	DIARRHEA OF INFECT ORIG
00867	INT INF ENTEROVIRUS NEC	5589	NONINF GASTROENTERIT NEC

ICD-9-CM Acute renal failure diagnosis codes:

5845	W/ LESION OF TUBULAR NECROSIS	5849	ACUTE KIDNEY FAILURE, NOS
5846	W/ LESION OF CORTICAL NECROSIS	586	CHRONIC KIDNEY DISEASE, UNSPECIFIED (OCT05)
5847	W/ LESION OF MEDULLARY [PAPILLARY] NECROSIS	9975	URINARY COMPLICATIONS (OCT05)
5848	ACUTE KIDNEY FAILURE NEC		

Exclude cases:

- transfer from a hospital (different facility)
- transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
- transfer from another health care facility
- MDC 14 (pregnancy, childbirth, and puerperium)
- any diagnosis code for chronic renal failure
- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing), county (PSTCO=missing)

See *Prevention Quality Indicators Appendices*:

- Appendix A – Admission Codes for Transfers

Denominator

Discharges in the numerator are assigned to the denominator based on the Metro Area¹ or county of the patient residence, not the Metro Area or county of the hospital where the discharge occurred.

¹ The term “metropolitan area” (MA) was adopted by the U.S. Census in 1990 and referred collectively to metropolitan statistical areas (MSAs), consolidated metropolitan statistical areas (CMSAs), and primary metropolitan statistical areas (PMSAs). In addition, “area” could refer to either 1) FIPS county, 2) modified FIPS county, 3) 1999 OMB Metropolitan Statistical Area, or 3) 2003 OMB Metropolitan Statistical Area. Micropolitan Statistical Areas are not used in the QI software.